

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13CV4627

Angel Nieves

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Correctional Officer Sinacore

Correctional Officer Thompson

Captain of Security Simpson

Deputy Warden of Security Ramos

Gang Intel. Officer Badge # 17007

City of New York

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

original

COMPLAINT

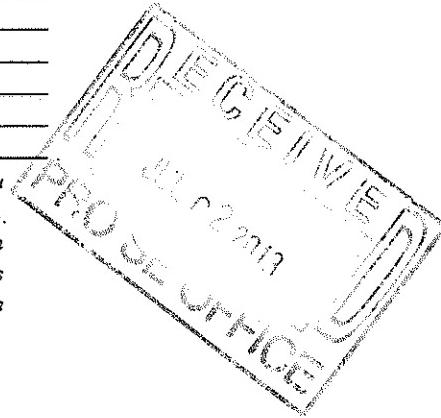
under the

Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: Yes No

(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Angel Nieves

ID # 141-12-09792

Current Institution OTIS BANTUM CORRECTIONAL CENTER

Address 1600 Hazen Street

East Elmhurst NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Correctional Security Officer Sinacore Shield # Unknown

Where Currently Employed O.B.C.C.

Address 1600 Hazen Street

East Elmhurst NY 11370

Defendant No. 2

Name Correctional Security Officer Thompson Shield # unknown
Where Currently Employed O.B.C.C.
Address 1600 Hazen Street
East Elmhurst NY 11370

Defendant No. 3

Name Security Captain Simpson Shield # unknown
Where Currently Employed O.B.C.C.
Address 1600 Hazen Street
East Elmhurst NY 11370

Defendant No. 4

Name Deputy Warden of Security Ramos Shield # unknown
Where Currently Employed O.B.C.C.
Address 1600 Hazen Street
East Elmhurst NY 11370

Defendant No. 5

Name gang intel officer "John Doe" Shield # 17007
Where Currently Employed O.B.C.C.
Address 1600 Hazen Street
East Elmhurst NY 11370

Defendant No. 5 City of New York

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

On Rikers Island in O.B.C.C.

B. Where in the institution did the events giving rise to your claim(s) occur?

IN the gallery of the 1 North Annex housing

C. What date and approximate time did the events giving rise to your claim(s) occur?

January 29th 2013 at approximately 1030 AM

D. Facts: Plaintiff was assaulted by Security group officer Sincrone and denied medical Attention for pain to his Jaw and mouth resulting from assault by Security group officer thompson

What happened to you?

- Who did what?
- Security Officer Sincrone Assulted plaintiff and others
 - Security officer Thompson denied plaintiff and others medical Attention after said assult by officer Sincrone.
 - Deputy warden of Security Ramos failed to justify situation Seeing plaintiff and others injured from Said Assult.
 - Yes another inmate was injured in situation

Was anyone else involved?

Who else saw what happened?

many inmates Seen what happened and are willing to give a testimony in court in refrence to what they seen (See Attached Affidavit.)

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Plaintiff cannot sleep and lives in fear from said assault by officer Sincrone and is left mentally scared by the actions of staff at the department of corrections as they all failed to justify situation and keep plaintiff as well as others safe.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

O.B.C.C. 1 North housing area

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No Do Not Know _____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

O.B.C.C.

1. Which claim(s) in this complaint did you grieve? The Assault on my self

2. What was the result, if any? No Response from the facility

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Plaintiffs and others have mailed a copy of complaint to Internal Affairs

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Monetary Compensation in the amount of One million five hundred thousand dollars (\$ 1,500,000) for being unjustifiably assaulted by Officer Sinarone, for being denied medical attention by Correctional Staff for pain and suffering as well as severe emotional distress which as a result plaintiff lives in constant fear for his life and cannot sleep because of constant nightmares that result from assault by officer Sinarone. Plaintiff takes a large dosage of medication to help with his emotional stress and depression as a result of said Assault.

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes No ✓

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of may, 2013.

Signature of Plaintiff

Inmate Number

Institution Address

Jayel D. Mays Jr.
141-12-09792

OBCC

1600 Hazen Street
East Elmhurst NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 16 day of may, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Jayel D. Mays Jr.